THERAPEUTIC YOUTH GROUP HOMES

Parent AWARE **Phone:** ( ) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E PARK ST ANACONDA MT 59711 **800 #:**

Facility Name: BRANDON WAY **Facility Phone Number:** (406) 251-1254
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 5611 GHARRETT AVE MISSOULA MT 59803- **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 5-12 **Gender** MALE
Facility License 7276-54 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: CASTLE PINES **Facility Phone Number:** (406) 727-5633
First Name: JENIFFER **Last** ELLIOTT **Title:** PROGRAM DIRECTOR
Contact: **Last** **Title:**
Address: 2540 CASTLE PINES WAY GREAT FALLS MT 59405-3554 **Region** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 9-17 **Gender** MALES
Facility License 7276-06 **Expires:** 6/30/2015 **Licensing** TRACY JOHNSON

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 227 E MERCURY ST BUTTE MT 59701 **800 #:** (800) 432-6145

Facility Name: CLARK FORK **Facility Phone Number:** (406) 563-7731
First Name: CARTER **Last** ANDERSON **Title:**
Contact: **Last** **Title:**
Address: 223 E PENNSYLVANIA DEER LODGE MT 59711- **Region** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-17 **Gender** FEMALES
Facility License 7276-43 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: DONNA AVE GROUP HOME **Facility Phone Number:** (406) 586-4308
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: LAURA **Last** WATSON **Title:** FACILITY MANAGER
Address: 225 DONNA AVE BOZEMAN MT 59715-5811 **Region** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 8-17 **Gender** MALES
Facility License 7276-18 **Expires:** 4/30/2016 **Licensing** LISA MAUA

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: ERNEST HOUSE **Facility Phone Number:** (406) 542-2178
First Name: CARTER **Last** ANDERSON **Title:**
Contact: **Last** **Title:**
Address: 1709 ERNEST STREET MISSOULA MT 59801-8309 **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 8-17 **Gender** FEMALE
Facility License 7276-21 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E.PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: FRANKLIN HOUSE **Facility Phone Number:** (406) 728-6815
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: **Last** **Title:**
Address: 110 W FRANKLIN STREET MISSOULA MT 59801-3812 **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 8-17 **Gender** FEMALES
Facility License 7276-01 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: GILBERT HOUSE **Facility Phone Number:** (406) 251-8131
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: **Last** **Title:**
Address: 2811 GILBERT ST MISSOULA MT 59801-3201 **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-18 **Gender** MALES
Facility License 7276-02 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: GOLD CREEK **Facility Phone Number:** (406) 563-7705
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: SERENA **Last** BAIR **Title:** MANAGER
Address: 219 E PENNSYLVANIA DEER LODGE MT 59711- **Region** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 10-17 **Gender** MALES
Facility License 7276-32 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: LOST CREEK **Facility Phone Number:** (406) 563-5622
First Name: CARTER **Last** ANDERSON **Title:**
Contact: **Last** **Title:**
Address: 14 N CEDAR ANACONDA MT 59711- **Region** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-17 **Gender** MALES
Facility License 7276-23 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: MISSION TRAIL HOME **Facility Phone Number:** (406) 756-1073
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: **Last** **Title:**
Address: 2167 MISSION TRAIL RD KALISPELL MT 59901-2242 **Region** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 8-17 **Gender** MALES
Facility License 7276-25 **Expires:** 4/30/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: MOUNT POWELL **Facility Phone Number:** (406) 563-5048
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: SHARI **Last** MATTICE **Title:** MANAGER
Address: 305 PENNSYLVANIA ANACONDA MT 59711- **Region** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 9-17 **Gender** FEMALES
Facility License 7276-36 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 EAST PARK ST ANACONDA MT 59711 **800 #:**

Facility Name: OTTAWA **Facility Phone Number:** (406) 494-1772
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: **Last** **Title:**
Address: 3025 OTTAWA BUTTE MT 59701- **Region** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 8-18 **Gender** MALE
Facility License 7276-09 **Expires:** 12/31/2015 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: PINSKI HOUSE GIRLS **Facility Phone Number:** (406) 268-1985
First Name: JENIFFER **Last** ELLIOTT **Title:** MANAGER
Contact: **Last** **Title:**
Address: 1508 27TH AVE S GREAT FALLS MT 59405-2737 **Region** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 9-18 **Gender** FEMALES
Facility License 7276-05 **Expires:** 6/30/2015 **Licensing** TRACY JOHNSON

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: PINTLAR **Facility Phone Number:** (406) 563-5010
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: **Last** **Title:**
Address: 301 E PENNSYLVANIA ST ANACONDA MT 59711- **Region** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 8-17 **Gender** MALES
Facility License 7276-22 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: RENZ **Facility Phone Number:**
First Name: NICOLE **Last** KINDT **Title:** PROGRAM DIRECTOR
Contact: **Last** **Title:**
Address: 108 RENZ DRIVE BUTTE MT 59701- **Region** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 7-17 **Gender** FEMALES
Facility License 7276-04 **Expires:** 12/31/2015 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: SUSSEX HOME **Facility Phone Number:** (406) 756-1072
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: **Last** **Title:**
Address: 2167 MISSION TRAIL KALISPELL MT 59901-2731 **Region** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 8-17 **Gender** MALES
Facility License 7276-24 **Expires:** 4/30/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: WASHOE HOUSE **Facility Phone Number:** (406) 563-7514
First Name: CARTER **Last** ANDERSON **Title:**
Contact: **Last** **Title:**
Address: 311 E PENNSYLVANIA ANACONDA MT 59711- **Region** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 6-12 **Gender** MALES
Facility License 7276-26 **Expires:** 3/31/2016 **Licensing** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: WEST VILLARD **Facility Phone Number:** (406) 582-8441
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: LAURA **Last** WATSON **Title:** FACILITY MANAGER
Address: 916 WEST VILLARD BOZEMAN MT 59715-5761 **Region** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 8-17 **Gender** MALES
Facility License 7276-17 **Expires:** 4/30/2016 **Licensing** LISA MAUA

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** EXECUTIVE DIRECTOR
Parent Address: 205 E PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: WHITEWAY **Facility Phone Number:**
First Name: CARTER **Last** ANDERSON **Title:** EXECUTIVE DIRECTOR
Contact: THERESA **Last** ADAMS **Title:** HOME MANAGER
Address: 3509 WHITEWAY DRIVE BUTTE MT 59701- **Region** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 4 **Age** 5-12 **Gender** MALE & FEMALE
Facility License 7276-07 **Expires:** 12/31/2015 **Licensing** DEBRA UNRUH

Parent **BW CARING CORPORATION** **Phone:** (406) 208-3255
Director Name: MICHAEL HUGGARD **Title:** DIRECTOR
Parent Address: PO BOX 61 BILLINGS MT 59103 **800 #:**

Facility Name: **THE CARING HOUSE** **Facility Phone Number:** (406) 252-8775
First Name: DWITE **Last** JOHNSON **Title:** HOME MANAGER
Contact: **Last** **Title:**
Address: 1209 MOSSMAN DR BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-17 **Gender** MALES
Facility License 3801005 **Expires:** 8/28/2015 **Licensing** LISA MAUA

Parent **EXCEL INC** **Phone:** (406) 254-2397
Director Name: DAVID HOYE **Title:** DIRECTOR
Parent Address: PO BOX 993 BILLINGS MT 59103 **800 #:**

Facility Name: **EXCEL GROUP HOME** **Facility Phone Number:**
First Name: DAVID **Last** HOYE **Title:** MANAGER
Contact: **Last** **Title:**
Address: 1348 1/2 MAIN STREET BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 12-18 **Gender** MALES
Facility License 20218-02 **Expires:** 9/30/2015 **Licensing** LISA MAUA

Parent **FLORENCE CRITTENTON HOME** **Phone:** (406) 442-6958
Director Name: BARBARA BURTON **Title:** EXECUTIVE DIRECTOR
Parent Address: 901 N HARRIS HELENA MT 59601 **800 #:**

Facility Name: **FLORENCE CRITTENTON HOME MOTHER BABY** **Facility Phone Number:**
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 901 N HARRIS ST HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 12-18 **Gender** FEMALES
Facility License 2 **Expires:** 3/31/2016 **Licensing** STEPHANIE GALLE

Parent **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-7920
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 59601-5417 **800 #:**

Facility Name: **BETA COTTAGE** **Facility Phone Number:** (406) 457-4770
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 500 S LAMBORN HELENA MT 50601-5417 **Region** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 4-14 **Gender** MALE & FEMALE
Facility License 7148-05 **Expires:** 1/31/2016 **Licensing** STEPHANIE GALLE

Parent **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-4920
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 59601 **800 #:**

Facility Name: **BRIDGER COTTAGE** **Facility Phone Number:** (406) 457-4780
First Name: MITCH **Last** JOHNSON **Title:** MANAGER
Contact: **Last** **Title:**
Address: 500 LAMBORN STREET HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 4-14 **Gender** MALE & FEMALE
Facility License 7148-02 **Expires:** 1/31/2016 **Licensing** STEPHANIE GALLE

Parent **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-7920
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 59601 **800 #:**

Facility Name: **GLACIER COTTAGE** **Facility Phone Number:** (406) 457-4775
First Name: JUSTIN **Last** SELL **Title:** MANAGER
Contact: **Last** **Title:**
Address: 500 S LAMBORN HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 4-14 **Gender** MALE & FEMALE
Facility License 7148-04 **Expires:** 1/31/2016 **Licensing** STEPHANIE GALLE

Parent **INTERMOUNTAIN CHILDRESN HOME** **Phone:** (406) 442-7920
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 59601 **800 #:**

Facility Name: **MCTAGGART COTTAGE** **Facility Phone Number:** (406) 457-4785
First Name: JUSTIN **Last** SELL **Title:** MANAGER
Contact: **Last** **Title:**
Address: 500 S LAMBORN HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 4-14 **Gender** MALE & FEMALE
Facility License 7148-03 **Expires:** 1/31/2016 **Licensing** STEPHANIE GALLE

Parent **INTERMOUNTAIN DEACONESS HOME** **Phone:** (406) 442-7920
Director Name: JIM FITZGERALD **Title:** DIRECTOR
Parent Address: 500 S LAMBORN HELENA MT 59601 **800 #:**

Facility Name: **PROVIDENCE HOME** **Facility Phone Number:** (406) 442-7920
First Name: RYAN **Last** NOLLAN **Title:** FACILITY MANAGER
Contact: **Last** **Title:**
Address: 24 WEST EVERGREEN DR KALISPELL MT 59901- **Region** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 4-13 **Gender** MALE & FEMALE
Facility License 7148-07 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

Parent KAIROS YOUTH SERVICES **Phone:** (406) 727-0076
Director Name: JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**

Facility Name: PORTAGE PLACE YOUTH HOME **Facility Phone Number:** (406) 771-7774
First Name: JOAN **Last** Whyte **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 4513 7TH AVE N GREAT FALLS MT 59404-3620 **Region** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 10-18 **Gender** MALE & FEMALE
Facility License 6142-03 **Expires:** 5/31/2016 **Licensing** TRACY JOHNSON

Parent MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 993 S 24TH ST W SUITE B BILLINGS MT 59102 **800 #:**

Facility Name: CUSTER **Facility Phone Number:** (406) 259-2570
First Name: TRACY **Last** BERTLAND **Title:** LEAD STAFF
Contact: **Last** **Title:**
Address: 732 CUSTER AVE BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 5-16 **Gender** MALE
Facility License 12617-07 **Expires:** 8/31/2015 **Licensing** LISA MAUA

Parent MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 993 S 24TH ST W SUITE B BILLINGS MT 59102-6214 **800 #:**

Facility Name: MILES AVENUE **Facility Phone Number:** (406) 245-5777
First Name: JAN **Last** SHIPP **Title:** FACILITY DIRECTOR
Contact: **Last** **Title:**
Address: 1433 MILES AVE BILLINGS MT 59102-5257 **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 4-17 **Gender** MALES
Facility License 12617-05 **Expires:** 1/31/2016 **Licensing** LISA MAUA

Parent MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 993 S 24TH ST W SUITE B BILLINGS MT 59102-6214 **800 #:**

Facility Name: PARKHILL **Facility Phone Number:** (406) 252-3555
First Name: JAN **Last** SHIPP **Title:** MANAGER
Contact: **Last** **Title:**
Address: 1917 18TH ST WEST BILLINGS MT 59102-2914 **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 8-16 **Gender** FEMALES
Facility License 12617-06 **Expires:** 8/31/2015 **Licensing** LISA MAUA

Parent NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMEY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59101 **800 #:**

Facility Name: UNIT 1 **Facility Phone Number:** (406) 254-1020
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 1111 COBURN RD BILLINGS MT 59101-6428 **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 10-17 **Gender** MALES
Facility License 8195-01 **Expires:** 10/31/2015 **Licensing** LISA MAUA

Parent NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMEY **Title:** DIRECTOR
Parent Address: PO BOX 20383 BILLINGS MT 59107 **800 #:**

Facility Name: UNIT 2 **Facility Phone Number:** (406) 254-1020
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 1111 COLBURN RD BILLINGS MT 59101-6428 **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-17 **Gender** MALES
Facility License 8195-02 **Expires:** 10/31/2015 **Licensing** LISA MAUA

Parent NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMEY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**

Facility Name: UNIT 3 **Facility Phone Number:** (406) 656-2985
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 5351 KING AVE W BILLINGS MT 59106-2821 **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 9-17 **Gender** FEMALES
Facility License 8195-03 **Expires:** 10/31/2015 **Licensing** LISA MAUA

Parent NEW DAY **Phone:** (406) 656-2985
Director Name: VERNON MUMMEY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**

Facility Name: UNIT 4 **Facility Phone Number:** (406) 656-2985
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 5351 KING AVE W BILLINGS MT 59106-2821 **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 9-18 **Gender** FEMALES
Facility License 8195-04 **Expires:** 10/31/2015 **Licensing** LISA MAUA

Parent NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMEY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107 **800 #:**

Facility Name: UNIT 5 **Facility Phone Number:**
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 1300 CANYON TRAIL ROAD BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 10-17 **Gender** MALE
Facility License 8195-09 **Expires:** 10/31/2015 **Licensing** LISA MAUA

Parent NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMEY **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107 **800 #:**

Facility Name: UNIT 6 **Facility Phone Number:**
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 1500 COLBURN RD BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-18 **Gender** MALE
Facility License 8195-07 **Expires:** 10/31/2015 **Licensing** LISA MAUA

Parent NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMEY **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107 **800 #:**

Facility Name: UNIT 7 **Facility Phone Number:**
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 1300 CANYON TRAIL RD BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-17 **Gender** MALES
Facility License 8195-08 **Expires:** 10/31/2015 **Licensing** LISA MAUA

Parent PARTNERSHIP FOR CHILDREN **Phone:** (406) 721-2704
Director Name: GEOFF BIRNBAUM **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 8134 MISSOULA MT 59807 **800 #:**

Facility Name: ROSEMARY GALLAGHER CHILDREN'S HOME **Facility Phone Number:** (406) 829-6651
First Name: BARBARA **Last** COWAN **Title:** DIRECTOR OF OPERATIONS
Contact: CORI **Last** ARCHIBALD **Title:** PROGRAM COORDINATOR
Address: 2823 SOUTH THIRD WEST MISSOULA MT 59807- **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 4-13 **Gender** MALE & FEMALE
Facility License 22696-02 **Expires:** 1/31/2016 **Licensing** DEBRA UNRUH

Parent PARTNERSHIP FOR CHILDREN **Phone:** (406) 721-2704
Director Name: GEOFF BIRNBAUM **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 8134 MISSOULA MT 59804 **800 #:**

Facility Name: SHERRY MAHONE FRANCETICH CHILDRENS **Facility Phone Number:** (406) 829-6651
First Name: BARBARA **Last** COWAN **Title:** DIRECTOR OF OPERATIONS
Contact: MARK **Last** FUCHS **Title:** PROGRAM COORDINATIOR
Address: 3233 SOUTH 3RD WEST MISSOULA MT 59807- **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 4-14 **Gender** MALE & FEMALE
Facility License 22696-03 **Expires:** 1/31/2016 **Licensing** DEBRA UNRUH

Parent WESTERN MONTANA MENTAL HEALTH **Phone:** (406) 532-8400
Director Name: PAUL MEYER **Title:** EXECUTIVE DIRECTOR
Parent Address: BUILDING T-9 FORT MISSOULA MT 59804 **800 #:**

Facility Name: SINOPAH HOUSE **Facility Phone Number:** (406) 257-5194
First Name: PAULA **Last** BUCKLEY **Title:** FACILITY DIRECTOR
Contact: SHEILA **Last** SMITH **Title:** FACILITY DIRECTOR
Address: 420 WINDWARD WAY KALISPELL MT 59901- **Region** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 11-17 **Gender** FEMALE
Facility License 10297-02 **Expires:** 10/31/2015 **Licensing** DEBRA UNRUH

Parent YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: SHAWN BYRNE **Title:** DIRECTOR
Parent Address: 1732 S 72ND STREET WEST BILLINGS MT 59106 **800 #:** (800) 726-6755

Facility Name: LEWISTOWN GROUP HOME **Facility Phone Number:** (406) 538-9808
First Name: **Last** **Title:**
Contact: JEANETTE **Last** RECTOR **Title:** FACILITY DIRECTOR
Address: 481 LOWER AIRPORT RD LEWISTOWN MT 59457- **Region** FERGUS
Facility Type: THERAPEUTIC YOUTH GROUP HOME CAMPUS BASED LEVEL CARE **Code:** TYGH
Number of 7 **Age** 7-16 **Gender** MALE
Facility License 8216-05 **Expires:** 10/31/2015 **Licensing** TRACY JOHNSON

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

Facility Name: BIG SKY HOME **Facility Phone Number:** (406) 586-2566
First Name: ANGELA **Last** HILDEBRAND **Title:** ASSOC DIRECTOR
Contact: **Last** **Title:**
Address: 3025 WESTRIDGE DRIVE BOZEMAN MT 59715-6166 **Region** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 11-17 **Gender** MALE & FEMALE
Facility License 8382-04 **Expires:** 9/30/2015 **Licensing** LISA MAUA

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

Facility Name: CHOICES **Facility Phone Number:** (406) 225-3176
First Name: AMANDA **Last** HELLER **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 150 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 11-17 **Gender** MALES
Facility License 8382-07 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: SHARI DEGEL **Title:** DIRECTOR
Parent Address: 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

Facility Name: LEWIS & CLARK YOUTH HOME **Facility Phone Number:** (406) 458-7022
First Name: TERESA **Last** TURVILLE **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 4110 LINCOLN ROAD WEST HELENA MT 59602- **Region** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 6*15 **Gender** MALE/FEMALE
Facility License 8382-12 **Expires:** 11/30/2015 **Licensing** STEPHANIE GALLE

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** DIRECTOR
Parent Address: 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

Facility Name: NEW BEGINNINGS **Facility Phone Number:** (406) 225-3176
First Name: AMANDA **Last** HALLER **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 105 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 11-18 **Gender** MALE
Facility License 8382-11 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

Facility Name: NEW JOURNEY HOME GIRLS **Facility Phone Number:** (406) 225-3176
First Name: AMANDA **Last** HALLER **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 105 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 11-17 **Gender** FEMALES
Facility License 8382-08 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** DIRECTOR
Parent Address: 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

Facility Name: NORTH SKYLINE **Facility Phone Number:** (406) 727-0390
First Name: LISA **Last** CARROLL **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 209 20TH AVE NE GREAT FALLS MT 59404- **Region** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 11-17 **Gender** MALE OR FEMALE
Facility License 3801004 **Expires:** 12/31/2015 **Licensing** TRACY JOHNSON

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** DIRECTOR
Parent Address: 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**

Facility Name: OPPORTUNITY HOME **Facility Phone Number:** (406) 225-3176
First Name: AMANDA **Last** HALLER **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 105 VENTURE WAY BOULDER MT 59632- **Region** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-17 **Gender** MALE
Facility License 8382-09 **Expires:** 7/31/2015 **Licensing** STEPHANIE GALLE

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

Facility Name: RIMVIEW GROUP HOME **Facility Phone Number:** (406) 252-7707
First Name: JULIE **Last** WULFEKUHLE **Title:** PROGRAM DIRECTOR
Contact: **Last** **Title:**
Address: 159 NORRIS COURT SOUTH BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 11-18 **Gender** MALE & FEMALE
Facility License 8382-06 **Expires:** 3/31/2016 **Licensing** LISA MAUA

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** DIRECTOR
Parent Address: 2334 LEWIS AVE BILLINGS MT 53102 **800 #:**

Facility Name: RIVERS EDGE **Facility Phone Number:** (406) 259-2635
First Name: JULIE **Last** WULFEKULE **Title:** MANAGER
Contact: **Last** **Title:**
Address: 1415 BITTERROOT DR BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 8 **Age** 10-18 **Gender** MALE & FEMALE
Facility License 8382-10 **Expires:** 2/29/2016 **Licensing** LISA MAUA

Parent YOUTH DYNAMICS **Phone:** (406) 245-6539
Director Name: PETER DEGEL **Title:** ADMINISTRATOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

Facility Name: S.T.A.R THERAPUTIC GROUP HOME **Facility Phone Number:** (406) 259-2132
First Name: LISA **Last** CARROLL **Title:** PROGRAM MANAGER
Contact: **Last** **Title:**
Address: 902 NORTH 30TH STREET BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 11-18 **Gender** MALE & FEMALE
Facility License 8382-02 **Expires:** 6/30/2015 **Licensing** LISA MAUA

Parent YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807- **800 #:**

Facility Name: DENNIS RADTKE HOME FOR BOYS **Facility Phone Number:** (406) 251-8498
First Name: ALEC **Last** MCNEILL **Title:** FACILITY DIRECTOR
Contact: **Last** **Title:**
Address: 3218 HELENA DRIVE MISSOULA MT 59803- **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 12-17 **Gender** MALES
Facility License 7001-08 **Expires:** 4/30/2016 **Licensing** DEBRA UNRUH

Parent YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 1717 HELENA MT 59624 **800 #:**

Facility Name: JAN SHAW **Facility Phone Number:** (406) 449-7582
First Name: **Last** **Title:**
Contact: **Last** **Title:**
Address: 1398 WAREHOUSE AVE HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 12-18 **Gender** FEMALES
Facility License 7001-14 **Expires:** 3/31/2016 **Licensing** STEPHANIE GALLE

Parent YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807- **800 #:**

Facility Name: SUSAN TALBOT FOR BOYS **Facility Phone Number:** (406) 251-6836
First Name: SHAWN **Last** GRAY **Title:** FACILITY MANAGER
Contact: **Last** **Title:**
Address: 2105 42ND STREET MISSOULA MT 59803- **Region** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of 6 **Age** 12-17 **Gender** Males
Facility License 7001-01 **Expires:** 4/30/2016 **Licensing** DEBRA UNRUH

Parent	**YOUTH HOMES**				**Phone:**	(406) 721-2704
Director Name:	GEOFFREY	BIRNBAUM			**Title:**	DIRECTOR
Parent Address:	PO BOX 7616	MISSOULA	MT	59807-	**800 #:**	

Facility Name:	**SUSAN TALBOT HOME FOR GIRLS**				**Facility Phone Number:**	(406) 543-8597
First Name:	SHAWN	**Last**	GRAY		**Title:**	MANAGER
Contact:		**Last**			**Title:**	
Address:	815 TOWER STREET	MISSOULA	MT	59804-	**Region**	MISSOULA
Facility Type:	THERAPEUTIC YOUTH GROUP HOME				**Code:**	TYGH
Number of	6	**Age**	12-18		**Gender**	FEMALE
Facility License	7001-02	**Expires:**	4/30/2016		**Licensing**	DEBRA UNRUH